

STATE OF MAINE

ATHLETIC TRAINERS

Application for Athletic Trainer



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8613

Hearing Impaired – TTY: 1-888-577-6690

E-mail: Dawn.L.Teed@Maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Websites

Office of Licensing & Registration: www.maineprofessionalreg.org

Athletic Trainers: <http://www.state.me.us/pfr/olr/categories/cat06.htm>

APPLICATION INSTRUCTIONS





Enclosed are all relevant materials for licensure as an athletic trainer in the State of Maine. Please read all the information carefully. If you have any questions, you may contact our office at (207) 624-8613 or by e-mail at: Dawn.L.Teed@Maine.gov

PERTINENT LAWS ➤

- ? If you are applying for licensure through the mail, the appropriate laws will be included in your application package.
- ? The laws are also available at the following site:
<http://www.state.me.us/pfr/olr/categories/cat06.htm>.

LICENSURE REQUIREMENTS ➤

Persons applying for Athletic Trainer licensure must complete the enclosed application and provide the following:

-  **APPLICATION AND FEES** – Applicants must complete the application and pay a licensure fee of \$300, an application fee of \$50, and a State Bureau of Identification criminal record fee of \$15. Fees are nonrefundable (except for the license fee, in the event that a license is not issued).
-  **TRANSCRIPTS** – Provide the transcript(s) that contain college or university names and curriculum in athletic training, or provide proof of completion of an athletic training education program approved by the National Athletic Trainers Association.
-  **CERTIFICATE** – Provide a copy of your certificate, if you currently are certified by the National Athletic Trainers Association, or proof of passage of the National Athletic Trainers Association Board of Certification Examination. (If using this application for renewal, you may instead provide your membership number, as it appears on your current card.)
-  **SBI (State Bureau of Identification of the Maine State Police) FORM.**



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JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

Internal Use

Athletic Trainer Fees: \$50 Application Fee (1446)
\$300 License Fee (1421)
\$15 SBI Fee (State Bureau of Identification) (2619)

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NATA Certification Number, as it appears on your current card: _____

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

Name:		
Mailing Address Street:		
City:	State:	Zip Code:
County:	Telephone #: (____) _____ - _____	
E-mail address (if available): _____ @ _____		
Social Security #: (____)-(____)-(____)		Date of Birth: ____/____/____
EMPLOYMENT INFORMATION		
FACILITY:	POSITION:	
ADDRESS of EMPLOYMENT Street:		
City:	State:	Zip Code:

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Athletic Trainer Application

1. HAVE YOU BEEN DENIED INITIAL OR RENEWAL LICENSURE AS AN ATHLETIC TRAINER?

☐ YES ☐ NO IF "YES," THEN PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

2. HAVE YOU EVER FAILED AN EXAMINATION FOR LICENSURE AS AN ATHLETIC TRAINER?

☐ YES ☐ NO IF "YES," THEN PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

3. HAVE YOU EVER BEEN CONVICTED OF A CRIME?

☐ YES ☐ NO IF "YES," THEN PLEASE SUBMIT A COPY OF THE COURT JUDGMENT(S), AS WELL AS A LETTER EXPLAINING THE CIRCUMSTANCES SURROUNDING YOUR CONVICTION.

4. HAS ANY JURISDICTION TAKEN DISCIPLINARY ACTION AGAINST ANY PROFESSIONAL LICENSE YOU HOLD OR HAVE HELD OR DENIED YOUR APPLICATION FOR LICENSURE?

☐ YES ☐ NO IF "YES," THEN PLEASE LIST, ON A SEPARATE SHEET OF PAPER, THE DATE(S) OF SUSPENSION OR REVOCATION, THE TYPE OF LICENSE, REGISTRATION, OR CERTIFICATION INVOLVED, AND THE STATE(S) IN WHICH IT OCCURRED.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorized all law enforcement agencies and official thereto to release to the Department any and all criminal history record information pertaining to me.

Signature:	Date: _____/_____/_____
Printed Signature:	



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8613
TTY 1-888-577-6690

OFFICES LOCATED AT: 122 NORTHERN
AVENUE, GARDINER, MAINE

FAX: (207)624-8637

Last Revised: Tuesday, August 09, 2005



State of Maine
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Athletic Trainers
35 State House Station
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04333-0035

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: PROSPECTIVE APPLICANT

FROM: OFFICE OF LICENSING & REGISTRATION

RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history record check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Office of Licensing & Registration with your completed application and supporting documentation, as may be necessary.

You must provide payment in the amount of \$15, to the "Maine State Treasurer" for your criminal history record check, in addition to the licensing fees presently required. Please note that the criminal history record will be returned to this office, and not to the applicant.

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CRIMINAL HISTORY RECORD CHECK FEE: \$15

Make checks payable to: Treasurer, State of Maine
Submit this Application with the License Application

APPLICANT INFORMATION

Name: _____
Last First Middle

Address: _____

Social Security/Federal I.D. #: _____ Date of Birth: ____/____/____

Any other names used: _____

If you have already submitted this form to this office within the last six months, the fee is not required. However, please indicate to which licensing program you submitted this application:

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION
(Office Use Only)

Date: ____/____/____

Contact Person: DAWN TEED

Agency Name & Address:

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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and submit it with your application. Payment through credit cards will not be processed without this authorization form.

Name (of applicant on whose behalf fees are being paid):		
Mailing Address (of applicant on whose behalf fees are being paid) Street:		
City:	State:	Zip Code:
County:	Telephone #: () -	
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

[] Visa [] MasterCard _____
Card number

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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